



A Descriptive Analysis of Health-Related Infomercials: Implications for Health Education and Media Literacy

Susan C. Hill, Gordon B. Lindsay, Steve R. Thomsen, and Astrid M. Olsen

ABSTRACT

Media literacy education helps individuals become discriminating consumers of health information. Informed consumers are less likely to purchase useless health products if informed of misleading and deceptive advertising methods. The purpose of this study was to conduct a content analysis of health-related TV infomercials. An instrument specifically for health-related infomercials was developed and tested. The instrument assessed product category, health problems solved, production format, persuasive techniques, implied health benefits, implied social/emotional benefits, testimonial frequency, and product acquisition information presented in the program. Four trained observers analyzed the content of 31 health-related infomercials. Health infomercials were divided into five categories of products. Frequency of use for 21 different promotional techniques varied from 93 to 10%. Analysis demonstrated that particular types of products were far more likely to utilize selected persuasive tactics. Frequency distributions for implied physical and emotional/social benefits were calculated. Health-related infomercials utilize a consistent formula of promotional techniques. Veteran health educators will recognize these techniques from long-standing consumer health recommendations on how to spot health fraud. Implications for media literacy in health education are explored.

The increasing influence of media on society has led health educators to place a greater emphasis on media literacy. In fact, media literacy is addressed in National Health Education Standards 2 and 4. This study addresses one specific type of media influence—infomercials—an institution that has grown rapidly since its inception in 1984. Many of the products promoted on infomercials relate in some way or another to health, thus making it vital that consumers are familiar with the production strategies and tactics used in

infomercials to influence an individual to purchase a product.

Marketing experts concede that infomercials are a proven technique for selling health-related products and services. Infomercial sales grew from \$350 million in 1988 to \$1.14 billion in 1996. Current annual infomercial sales are approaching \$2 billion (Better Business Bureau, 1996). Thirty percent of individuals 16 years and older report purchasing a product from an infomercial (Blake, 1996).

By definition an infomercial is a paid

advertisement for a product or service. They are typically 30 minutes long, which is the minimum amount of air time television stations will sell for this purpose. Infomercials

Susan C. Hill, PhD, CHES; Gordon B. Lindsay, PhD, CHES; and Astrid M. Olsen are with the Department of Health Science, 229 D RB, Brigham Young University, Provo, UT 84602; E-mail: sue_hill@byu.edu. Steve R. Thomsen, PhD, is with the Department of Communications at Brigham Young University



also include a solicitation to have the customers purchase the product directly from the manufacturer. The sales pitch "order now, operators are standing by" is an essential part of infomercials. Another common but nonessential element of an infomercial is that the seller attempts to create the impression that the advertisement is actually a news or talk show program instead of a paid commercial. Many infomercials have the appearance, length, and feel of a news program or other television shows.

From a marketing perspective infomercials provide three major advantages. First, they allow a company time to explain to potential buyers more complex ideas that cannot be communicated in a 30-second TV spot. Second, the direct response component of infomercials provides instant feedback to sellers, thus making it easier to tell whether an infomercial is effective. It takes much longer to analyze the effectiveness of traditional advertising campaigns. Third, infomercials provide a relatively large audience at lower cost. It is estimated that 15% of television sets are on at 1:00 a.m., and more than 66% of cable viewers report themselves as being channel surfers (Better Business Bureau, 1996).

Infomercials can be a legitimate means for a company to contact potential customers. Well-regarded national corporations, such as AOL, Phillips Electronics, Apple, Nissan, Mercedes, and Microsoft have used infomercials as a means of conducting business. However, reports from the Federal Trade Commission (FTC), the Better Business Bureau, and media literacy advocates report that a very large portion of infomercials make highly inflated, unsubstantiated, or false claims for their products. Between 1991 and 1998 the FTC prosecuted over 150 companies for unsubstantiated claims in infomercials (Turner, 1998). FTC authorities admit they are able to only superficially monitor this growing industry. A large number of the FTC consumer-fraud cases involved health and fitness products, and infomercial trade associations report that the number-one selling category of infomercial products are health and fitness

items (Blake, 1996).

The purpose of this study was to conduct a descriptive content analysis of health-related infomercials. A secondary purpose was to examine the persuasive tactics and strategies used by the producers of infomercials to assist health educators in psychologically inoculating vulnerable audiences.

Previous general content analyses have been performed on infomercials (Elliott & Lockhard, 1996) but no studies have systematically and specifically assessed the unique content of health-related infomercials. Content analysis is "a systematic, replicable technique for compressing many words of text into fewer content categories based on explicit rules of coding" (Stemler, 2001, p. 42). Holsti (1969) describes it as an objective and systematic procedure to ascertain traits of messages. Generating public awareness of health-related infomercial marketing strategies may help individuals be less prone to purchase products of dubious quality and effectiveness.

METHODS

Sample

This study analyzed a representative sample of television infomercials for health-related products, or for products or services that had health-related implications. The sampling process began by obtaining an infomercial broadcast schedule for all the six network affiliates (ABC, CBS, NBC, Fox, PAX, WB) from a single market in a medium-sized metropolitan region in the United States for a 1-week period in early October 2001. This period was selected because there were no major holidays during that time and it represented a nonsweeps period for the networks (Byrd-Bredbenner & Grasso, 1999). All infomercials airing during all broadcast hours for that week were recorded. In all, 124.5 total hours and 249 infomercials were recorded. From this sample frame all commercials for health-related products (exercise equipment, drug or herbal supplements, food preparation, cosmetics and personal hygiene), or for other products and services in which

health-related benefits or claims were made, were selected. The result was a final sample of thirty-one 30-minute ads, which excluded repeat or duplicate infomercials.

Coding

The coding scheme utilized in this study drew on the categories developed by Elliott and Lockard (1996) and Resnik and Stern (1977) and those developed by this study's authors. The goal was to provide a descriptive analysis of the types of products being advertised, how they were advertised or presented, and the health-related claims being made about those products. As a result, each infomercial (the primary unit of analysis) was coded for product category; primary health problems solved; the production format; persuasive/sales techniques employed; health benefits implied; social/emotional benefits implied; the use and frequency of testimonials by male and female customers and experts; and basic information presented on the screen or verbalized during the commercial, such as the use of a toll-free number and Internet address, inclusion of price information, and mention of credit card payment options.

Reliability

Each of the coding categories was developed as a result of a pilot-testing process in which the authors viewed a subsample of infomercials and discussed the "fit" and inclusiveness of the coding options within each of the categories. Once the final coding instrument was developed, the coding process began. Each of the four authors individually and independently coded seven to eight infomercials. Researchers were able to stop, rewind, and replay each of the videotapes, as necessary, to improve the accuracy of the coding. In addition, the researchers met weekly to discuss issues and questions regarding the coding process. Intercoder reliability coefficients, following the formula proposed by Holsti (1969), were calculated at the beginning, middle, and final stages of the coding process. Each of the four coauthors coded the same ad at each of these three points in time. The ads were then used to calculate the reliability



measure. The result was an average overall intercoder reliability of .86.

RESULTS

Product Categories and Infomercial Format

As previously noted, 31 infomercials were analyzed by the authors. Of these 31 infomercials, 11 (36%) were for "food/drug/herbal supplements," 8 (26%) were for "cosmetic" products or services, 4 (13 %) were for "exercise devices," and 3 (10%) were for "cooking or food preparation equipment." Five others (16%) were classified in the "other" category. These include an oral hygiene product and a personal/self-improvement program. Sixteen (52%) of the infomercials were produced using a "news magazine" format, which was operationally defined as following the format of a primetime news magazine, such as *Dateline NBC* or ABC's *20/20*, in which a "reporter" was used to introduce interviews and to tie various segments of the infomercial together. The second most frequent format was a studio or field setting without an audience (8, 26%), followed by a studio or field setting with an audience (3, 10%).

Persuasive Tactics

Table 1 summarizes the persuasive tactics employed in each of the infomercials. Not surprisingly, 29 (94%) of the ads utilized product descriptions and customer testimonials. The next two most frequent tactics involved the promises that the product would be easy to use (28, 90%) and would produce immediate results (27, 87 %). Although 20 (65%) of the ads used legitimate scientific terms to promote or support the product or service, 14 (45%) used what we considered "pseudoscientific" terms. In most cases the legitimacy of these terms, which included "fecal fat values," "hair cloning," "neuro-nutrients," and "secretagoges," were probably not questioned by most viewers, who lack the appropriate scientific background to challenge these descriptions. As Table 1 also indicates, trial offers, risk-free promises, and the inclusion of secondary free items are common tactics used in infomercials. Computer anima-

Table 1. Frequency of Persuasive Tactics by All Infomercials (N=31)

Tactic	Frequency	Percentage
Product description/qualities/features	29	93.5
Product demo by expert user	7	22.6
Product demo by customer	12	38.7
Expert user testimonial	13	41.9
Customer testimonial	29	93.5
Expert interviews	24	77.4
Before and after photos	19	61.3
Charts and graphs	6	19.4
Computer animation	25	80.6
Use of electronic equipment	3	9.7
Citing medical or scientific reports	19	61.3
Use of celebrity endorsement	13	41.9
Product comparisons	23	74.2
Trial offer	19	61.3
Offering secondary free items	23	74.2
Language: "guaranteed"	24	77.4
Language: "risk free"	22	71.0
Language: "not sold in stores"	20	64.5
Language: "natural/healthy"	15	48.4
Language: pseudoscientific terms	14	45.2
Language: disclaimer	19	61.3
Product awards noted	3	9.7
References to expert's credentials	23	74.2
Promise of immediate results	27	87.1
Easy to use	28	90.3
Portrayal of life after product	20	64.5
Language: "pain free"	9	29.0
Language: use of scientific terms	20	64.5

tion was a frequent production tool (25, 81%) and celebrity endorsers appeared in slightly less than half of the ads (13, 42%).

Table 2 presents the persuasive tactics employed by each of the four main product categories. Although the frequency of these tactics was fairly consistent for each category, some interesting differences did emerge. Overall, 61% of the ads showed before and after photos taken of product users. The by-category breakdown, however, reveals that 100% of the "exercise device" and "cosmetic" infomercials presented before and after photos. This may not be surprising given that the assessment of the "results" of using these products is often quite subjective. Photographs, because they can be "doctored," provide little legitimate empirical evidence of the promised outcome. They can, however, have a strong

emotional impact.

Although only 25% of the exercise device and 50% of cosmetic product ads used scientific terms, 9 of the 11 (82%) food/drug/herbal supplement ads used scientific terms. Eight (73%) of these ads cited medical or scientific reports, and 10 (91%) made reference to the expert endorsers' "professional" credentials. This again raises questions regarding the viewers' abilities to effectively and accurately evaluate the legitimacy of the cited reports and credentials. For example, one infomercial referred to an "expert" being interviewed as a "certified hair hygienist"; yet another referred to the interviewee as "director of research" and "editor" of a magazine that, in reality, is nothing more than a marketing tool used by the producer and sponsor of the infomercial; and a third infomercial referred



Table 2. Frequency of Persuasive Tactics by Product Categories

Tactic	Exercise Device (n=4)	Food/Drug/Herbal Supplement (n=11)	Cooking/Food Preparation Equipment (n=3)	Cosmetic (Skin and Hair) (n=8)
Product description/qualities/features	4 (100%)	10 (90.9%)	3 (100%)	7 (87.5%)
Product demo by expert user	2 (50%)	2 (18.2%)	3 (100%)	8 (100%)
Product demo by customer	3 (75%)	3 (27.3%)	3 (100%)	3 (37.5%)
Expert user testimonial	2 (50%)	3 (27.3%)	1 (33.3%)	2 (25%)
Customer testimonial	4 (100%)	11 (100%)	1 (33.3%)	8 (100%)
Expert interviews	3 (75%)	11 (100%)	1 (33.3%)	4 (50%)
Before and after photos	4 (100%)	4 (36.4%)	0 (0%)	8 (100%)
Charts and graphs	0 (0%)	3 (27.3%)	1 (33.3%)	1 (12.5%)
Computer animation	4 (100%)	9 (81.8%)	1 (33.3%)	7 (87.5%)
Use of electronic equipment	1 (25%)	0 (0%)	0 (0%)	1 (12.5%)
Citing medical or scientific reports	1 (25%)	8 (72.7%)	1 (33.3%)	5 (62.5%)
Use of celebrity endorsement	4 (100%)	7 (63.6%)	1 (33.3%)	2 (25%)
Product comparisons	3 (75%)	9 (81.8%)	1 (33.3%)	6 (75%)
Trial offer	3 (75%)	7 (63.6%)	3 (100%)	2 (25%)
Offering secondary free items	4 (100%)	7 (63.6%)	3 (100%)	6 (75%)
Language: "guaranteed"	4 (100%)	6 (54.5%)	3 (100%)	6 (75%)
Language: "risk free"	3 (75%)	9 (81.8%)	2 (66.7%)	4 (50%)
Language: "not sold in stores"	3 (75%)	9 (81.8%)	3 (100%)	4 (50%)
Language: "natural/healthy"	4 (100%)	9 (81.8%)	3 (100%)	2 (25%)
Language: pseudoscientific terms	2 (50%)	6 (54.5%)	0 (0%)	3 (37.5%)
Language: disclaimer	3 (75%)	10 (90.9%)	1 (33.3%)	2 (25%)
Product awards noted	2 (50%)	0 (0%)	1 (33.3%)	0 (0%)
References to experts credentials	3 (75%)	10 (90.9%)	1 (33.3%)	4 (50%)
Promise of immediate results	3 (75%)	11 (100%)	3 (100%)	6 (75%)
Easy to use	4 (100%)	11 (100%)	3 (100%)	7 (87.5%)
Portrayal of life after product	2 (50%)	9 (81.8%)	0 (0%)	6 (75%)
Language: "pain free"	1 (25%)	3 (27.3%)	0 (0%)	4 (50%)
Language: use of scientific terms	1 (25%)	9 (81.8%)	1 (33.3%)	4 (50%)

to the product as "award winning," even though that award came from the association that represents the producers of infomercials.

Implied Health Benefits

In the world of infomercials, thinness and increased vitality appear to go hand in hand. Fourteen (45%) of the ads promised increased energy, vitality, or endurance (see Table 3). Weight loss and improved physical appearance were the second most frequently implied or promised health benefits (12, 39%), followed by claims of general dietary improvement (11, 36%) and "antiaging" properties in (9, 29%). As can be seen in Table 3, empirical, less subjective measures of improved health were far less frequently mentioned.

Implied Social/Emotional Benefits

Not surprisingly, happiness (23, 74%) and an improved positive outlook (24, 77%) were the most frequently implied social/emotional benefits in the sampled infomercials. As can be seen in Table 4, increased self-esteem, greater social acceptance or an improved love life, and the ability to feel younger and sexier were the next most frequently implied claims, mentioned in about two-thirds of the ads. Infomercials may be a relatively new advertising format, but making these types of claims is a tactic as old as the industry itself.

Table 5 reports the frequency of implied social/emotional benefits for each product category. As the table indicates, increased happiness, increased self-esteem, increased

social acceptance/social love life, and an improved positive attitude/outlook are promised in 100% of the cosmetic product ads. In addition, increased self-esteem, increased social acceptance/social love life, and feeling younger and sexier are promised in 100% of the exercise device ads.

As previously noted, 94% of the infomercials included customer testimonials and 42% used testimonials from reported "experts." Table 6 presents the average number of testimonials (by gender or by expert/nonexpert) for each product category.

Each (100%) of the infomercials presented or stated a toll-free 800 number during the ads. The toll-free number was presented or stated an average of 12 times during each ad. Sixty-eight percent of the



Table 3. Frequency of Implied Health Benefits by All Infomercials (N=31)

Benefit Implied	Frequency	Percentage
Hair growth/restoration	4	12.9
Increased energy/vitality/endurance	14	45.2
Weight loss	12	38.7
Increase muscle bulk/tone	6	19.4
Improved flexibility	6	19.4
Improved cardiovascular performance	2	6.5
Improved sexual performance	1	3.2
Calorie/fat burn-off	7	22.6
Antiaging	9	29.0
Cancer-fighting properties	2	6.5
Improved vision	0	0.0
Improved hearing	0	0.0
Improved concentration/mental capacity	4	12.9
Cholesterol reduction	5	16.1
Glucose reduction	3	9.7
General disease/illness reduction	5	16.1
General dietary improvement	11	35.5
Improved physical appearance	12	38.7
Increased memory	2	6.5
Increased immune function	3	9.7
Improved kidney function	0	0.0
Decrease in gray hair	0	0.0
Improved sleep	5	16.1
Other	16	51.6

Table 4. Frequency of Implied Social/Emotional Benefits by All Infomercials (N=31)

Implied Benefit	Frequency	Percentage
Happiness/improved mood	23	74.2
Increased self-esteem	20	64.5
Social acceptance/social love life	21	67.7
Increased school/work productivity	14	45.2
Improved marital/family relationships	15	48.4
Feel younger and sexier	21	67.7
Positive attitude/outlook/coping	24	77.4
Other	5	16.1

ads included a World Wide Web address. The price of the product was mentioned in only 65% of the ads, and 71% of the ads included information about credit card payment options.

Coders recorded each of the reported toll-free numbers and then called them 6 months later to determine if they were still in operation, were a part of a multiple product phone center, and to inquire about price

or special offer information. Of the 31 numbers called, 5 were either always busy or never answered (after multiple attempts to call), 2 were no longer valid or had been disconnected, and 1 had been assigned to a different product. Eight (26%) of the numbers actually connected the caller to a multiple product center—a telephone center representing several products distributed by a single marketing firm. At the time of the calls

by the researchers, only 5 (16%) acknowledged the “special telephone offers.”

CONCLUSIONS

All 31 products surveyed in this study implied certain health benefits to users. The majority of infomercials analyzed were for food/drug/herbal supplements that most commonly promoted or implied increased energy, vitality, endurance, and/or weight loss. All of these products were promoted as being easy to use, with a promise of immediate results. Claims of general health benefits such as increased vitality and improved appearance are highly subjective, difficult to challenge because of intrapersonal perceptions, and may occur more often as a function of a placebo effect rather than as an actual consequence of using the product.

Most producers of health-related infomercials seemed aware of legal boundaries and were reluctant to make specific claims regarding a product's ability to treat or cure a specific health problem. More important, perhaps, is the fact that these findings suggest that “health” has more to do with physical appearance or physical beautification than actual improved physiological functioning and performance. This may be an important observation given the fact that more than 50% of all women are believed to engage in normative discontent dieting, and that eating disorders such as anorexia nervosa and bulimia nervosa are believed to affect as many as 5 to 20% of all women (Hesse-Biber, 1996; Neumark-Sztainer, French, & Jeffrey, 1996; Polivy & Herman, 1987; Shisslak, Crago, & Estes, 1995). The misconceptions that good health is equal to physical attractiveness might exacerbate extreme nutrition and exercise behaviors in the attempt to achieve the “perfect” body. It should be noted that males are not immune to body images portrayed in media. The desire to build muscle and “bulk up” can lead to unhealthy dieting and even steroid use (Graydon, 1997; Yates, 1999).

This misrepresentation, confounding the distinction between beauty and health, might lead individuals to make unrealistic

**Table 5. Frequency of Implied Social/Emotional Benefits by Product Categories**

Implied Benefit	Exercise Device (n=4)	Food/Drug/Herbal Supplement (n=11)	Cooking/Food Preparation Equipment (n=3)	Cosmetic (Skin and Hair) (n=8)
Increased happiness/improved mood	3 (75%)	8 (72.7%)	0 (0%)	8 (100%)
Increased self-esteem	4 (100%)	5 (45.5%)	0 (0%)	8 (100%)
Increased social acceptance/social love life	4 (100%)	5 (45.5%)	1 (33.3%)	8 (100%)
Increased School/work productivity	1 (25%)	6 (54.5%)	0 (0%)	4 (50%)
Improved marital/familial relationships	1 (25%)	5 (45.5%)	3 (100%)	4 (50%)
Feel younger and sexier	4 (100%)	9 (81.8%)	0 (0%)	7 (87.5%)
Positive attitude/improved outlook/coping	3 (75%)	8 (72.7%)	1 (33.3%)	8 (100%)

Table 6. Average Expert and Nonexpert Testimonials by Gender by Product Category

Testimonial Type	Exercise Device (n=4)	Food/Drug/Herbal Supplement (n=11)	Cooking/Food Preparation Equipment (n=3)	Cosmetic (Skin and Hair) (n=8)
Nonexpert male	11.5 (13.5) ^A	5.1 (3.3)	2.7 (2.9)	8.3 (5.11)
Nonexpert female	16.8 (20.9)	14.3 (4.6)	10.3 (8.3)	15.5 (15.1)
Expert male	2.8 (2.1)	0.3 (.6)	5.0 (7)	0.8 (.9)
Expert female	1.3 (1.5)	0.1 (.3)	1.0 (1.7)	0.5 (.9)

^AData represent mean scores for each category; standard deviations reported in parentheses.

social comparisons. Social comparison theory posits an individual compares him- or herself with others when objective standards are unavailable (Festinger, 1954). Upward comparisons are more likely to occur when an individual compares him- or herself to someone who appears to be superior in terms of a particular characteristic, such as physical attractiveness. In addition, individuals are most likely to make these comparisons when they are uncertain of their own self-evaluation (Festinger, 1954; Media Awareness Network, 2002). For many viewers infomercials may provide a reference point for comparison, particularly when professional models are used to demonstrate products, which is often the case, especially with exercise devices.

Three important findings also emerge from the data regarding testimonials: (1) The average number of testimonials by female customers exceeds the number by men, often by more than two to one, (2) the ads used relatively few expert testimonials, either by men or women, and (3) more male experts were used than female

experts. Based on the number of female testimonials and types of products advertised, it was apparent that women were most often the targeted audience of the health-related infomercials used for this analysis.

Media messages are not neutral or value-free. They “shape and distort reality” (Yates, 1999, p. 180). Infomercial messages are constructed in terms of the age, gender, race, lifestyles, attributes, and behaviors of the actors as well as the setting that is used (Thoman, 1999). Producers use certain strategies such as the news magazine format, computer animation, testimonials, and expert interviews to create an illusion of credibility and legitimacy. Persuasive techniques such as offering free items, trial offers, the emotional sway of testimonials, and immediate gratification in terms of obtaining the product (credit card purchase) and how the product works (instant results) also are common. Impulsive buying is a key strategy in the promotion of products in an infomercial. Another common strategy is the use of generic claims. These claims are hard to prove or disprove, making a person’s

ability to evaluate such claims difficult.

In addition, it was found that these operations often are fleeting; some products were either no longer available or the company was no longer in business when called 6 months after the infomercial aired, or another product had been assigned to the telephone number. It appears the marketing half-life for many of yesterday’s miracle cures is relatively short. It also was discovered that some of the toll free numbers connected to a multiple product center, which sold other products in addition to the one advertised. This in and of itself may not pose a problem. Often, however, the ads referred to the people answering the telephones as “health consultants.” Some might have questions about the product when calling to order and assume they are talking to a qualified health professional, when in fact they are not. For example, they may need to know if the product will interact with medications being taken. The person taking the order is no more a health consultant than a person working at a fast food restaurant is a dietician. This could create



circumstances leading to detrimental health consequences if the product were used.

DISCUSSION AND IMPLICATIONS

Today's society is a complex media-saturated culture. Teaching individuals how to interpret health information in the media was identified as needing attention in *Mass Media and Health: Opportunities for Improving the Nation's Health* (U.S. Department of Health and Human Services, 1988). As youths are most vulnerable to media messages, it is crucial to teach them how to be informed and discriminating consumers of media. Young people need to be aware of what they see, hear, and read and be able to differentiate between valid and uncertain messages (Yates, 1999).

Health education provides an ideal setting for incorporating media literacy, especially when addressing risks pertaining to children and adolescents.

"The objectives of health education cannot be achieved without addressing the contradictions between what school teaches children and what the media teaches them. Whether the issue is self-image, diet, school violence, alcohol, tobacco, pregnancy, or sex, the key concerns that health educators now face all require an understanding of media messages. In addition to understanding what the media tells young people, health educators must also provide students with frameworks and strategies that help them recognize the way advertising and other aspects of the media can affect their beliefs and behaviors." (Considine, 1994, p. 28).

Davies (1993) suggests that the ideal time to teach media literacy is during the middle school years.

Critical thinking skills involve higher order thinking and are a component of health literacy (Joint Committee on National Health Education Standards, 1995). The principle of inquiry is the focus of media literacy (Thoman, 1999). It also is part of being an informed consumer and consumer advocate. Learning the tactics of advertisers and learning to become an analytical thinker are part of becoming media

literate. Critical thinking skills related to media literacy include being able to distinguish between facts and claims; determine the accuracy of a statement and reliability of a claim or source; detect bias; identify stated and unstated assumptions; recognize logical inconsistencies; and determine the strength of an argument (Media Awareness Network, 2002). Being able to identify whom advertisers are targeting for their audience is another important skill to develop.

Children and adolescents are not the only population vulnerable to the influences of health-related infomercials. With the aging of the baby boomer generation, the population of older people is increasing and senior populations also are susceptible to being taken advantage of by the claims and promises of health-related infomercials. Age is not the only vulnerability for this population. They are also vulnerable in terms of financial resources, health status, health problems, and so on. Although youths are more likely to be vulnerable to the vanity appeals made by these ads, seniors could be influenced by the promises of improved health and longevity. This is not necessarily due to lack of education or experience, but most likely occurs because they tend to be more trusting and reliant on health care products as solutions to health problems common to seniors.

Health educators might counter this vulnerability by targeting organizations and agencies serving senior populations such as the American Association of Retired Persons or community senior citizen groups to develop strategies to educate seniors on the tactics used by producers of infomercials. This might include workshops or information printed in flyers or newsletters.

Self-esteem concerns also can result from viewing health-related infomercials. Weight loss and improved physical appearance were frequently implied or promised health benefits. It appears that infomercials related to dieting, exercise, and cosmetic improvements are playing on emotions that health is based on looks rather than physical functioning. In effect, the main message from infomercials of this type is that being

physically attractive is the epitome of good health. If a teenage girl, for example, views health-related infomercials with a motive for self-evaluation or enhancement using an upward comparison to the models and people providing testimonials in these infomercials and recognizes that she does not fit the presented ideal it may lower her self-esteem and self-perception.

Infomercials need not be regarded as the outcast of marketing strategies. Infomercials can be a legitimate way to conduct business. They have their place in our consumer-oriented society. Nevertheless, this study suggests that for an extremely large portion of health-related products, infomercials continue to be "a ghetto for all the direct response dreck you used to find in the back of newspapers and magazines of ill repute" (Blake, 1996, p. 10). In the words of another infomercial expert, the art of creating a successful infomercial is to walk the thin line between entertainment and deception (Levine, 1993). Results from this study suggest that most health-related infomercials have crossed the line and operate in the domain of deception. Veteran health educators most likely remember lists of "How To Spot Quackery" common to consumer health texts. Infomercials are the present-day manifestation of the techniques used by yesterday's quacks and charlatans.

Students need to learn how to analyze, evaluate, and critique health messages presented in media. National surveys suggest that television continues to be American's most frequently sighted source of health information. Media literacy integrated in the health education curriculum would in effect inoculate students, with the intent of making them resistant to the persuasive tactics used in the production of health-related infomercials, and informed consumers of health-related information. Health educators have a role in providing information and strategies to help in the understanding of how advertising and other media influence health beliefs and behaviors.

REFERENCES

Blake, K. (1996) What's Wrong with



Infomercials? *Consumer Magazine* 79(4), 10.

Better Business Bureau. (1996). *Topics of Special Interest: Infomercials*. Retrieved June 4, 2002 <http://www.bbbbsouthland.org/topic021.html>. Blake, K. (1996). What's wrong with infomercials. *Consumer Research Magazine*, 79(4), 10.

Byrd-Bredbenner, C., & Grasso, D. (1999). Prime-time health: An analysis of health content in television commercials broadcast during programs viewed heavily by children. *International Electronic Journal of Health Education*, 4, 159-169.

Considine, D. M. (1994). The media and the message: How librarians can bring them into focus. *School Library Journal*, 40 (1), 24-28.

Davies, J. (1993). The impact of the mass media upon the health of early adolescents. *Journal of Health Education*, 24 (6), S-28-S-35.

Elliot, M. T., & Lockard, M. (1996). An analysis of information content in infomercial programs. *Journal of Direct Marketing*, 10(2), 44-55.

Festinger, L. A. (1954). A theory of social comparison processes. *Human Relations*, 7, 117-140.

Graydon, S. (1997). Overcoming impossible bodies: Using media literacy to chal-

lenge popular culture. *Emergency Librarian*, 24(3), 15-18.

Hesse-Biber, S. (1996). *Am I thin enough yet? The cult of thinness and the commercialization of identity*. New York: Oxford University Press.

Holsti, O. R. (1969). *Content analysis for the social sciences and humanities*. Reading, MA: Addison-Wesley Publishing Co.

Infomercial Company. (2002). *Infomercial Production, Infomercial Marketing*. Retrieved May 15, 2002, from <http://www.infomercial-production-marketing-company.com>.

Joint Committee on National Health Education Standards. (1995). *National health education Standards: Achieving health literacy*. Reston, VA: American Association for Health Education.

Levine, J. (1993). Entertainment or deception. *Forbes*, 152 (3), 10.

Media Awareness Network. (2002). *Approaches to Media Education*. Retrieved May 21, 2002 from <http://www.media-awareness.ca/eng/med/bigpict/medapp.htm>.

Neumark-Sztainer, D., French, S. A., & Jeffrey, R. W. (1996). Dieting for weight loss: Association with nutrient intake among women. *Journal of the American Dietetic Association*, 96, 1172-1175.

Polivy, J., & Herman, C. P. (1987). Diagnosis and treatment of normal eating. *Journal of Consulting and Clinical Psychology*, 55, 635-644.

Resnik, A., & Stern, B. L. (1977). An analysis of information content in television advertising. *Journal of Marketing*, 41, 50-53.

Shisslak, C. M., Crago, M., & Estes, L. S. (1995). The spectrum of eating disorders. *International Journal of Eating Disorders*, 18(3), 209-219.

Stemler, S. (2001). An overview of content analysis. *Practical Research and Evaluation*, 7 (17), 42-44.

Thoman, E. (1999). Skills and strategies for media education. *Educational Leadership*, 56 (5), 50-54.

Turner, J. (1998). Keep a skeptical eye on "info" in infomercials. *Christian Science Monitor*, 90, B3.

U.S. Department of Health and Human Services. (1988). *Mass media and health: Opportunities for improving the nation's health*. Washington, DC: U.S. Department of Health and Human Services, Public Health Service.

Yates, B. L. (1999). Media literacy: A health education perspective. *Journal of Health Education*, 30, 180-184.



School of Health and Natural Sciences

Department of Health and Human Performance

Health Education and Administration

The Department of Health and Human Performance in the School of Health and Natural Sciences invites applications for a tenure-track position in Health and Human Performance.

Responsibilities: Teach undergraduate health and human performance major core courses in the health sciences/administration (e.g., Personal Health, Community Health, Health Topics, Public Policy, etc.) and physical education activity course(s). Expected to mentor students in experiential learning opportunities/scholarship.

Qualifications: Ph.D., EDD (or ABD) in Health Education and Administration/Health Sciences or related field. Demonstrated excellence in college teaching, student advising and involvement with allied health agencies within the community. CHES certification preferred. Dedicated to the integration of Christian faith with life and learning.

The College: Messiah College is a Christian college of the liberal and applied sciences. The college is committed to an embracing spirit rooted in the Anabaptist, Pietist and Wesleyan traditions of the Christian Church. Our mission is to educate men and women toward maturity of intellect, character, and Christian faith in preparation for lives of service, leadership and reconciliation in church and society. Messiah College is a teaching institution which emphasizes instruction but values research and public service. Strong support is given to faculty growth and scholarship.

Position Open: Fall 2003

Compensation: Salary and rank commensurate with qualifications and experience

Applications: Applicants should submit two sets each of: A letter of application indicating areas of specialization and curriculum vitae. Applicants should also submit: A copy of official transcript and three reference letters. Initial review of applications will begin November 1, 2002 and will continue until the position is filled. Please address all inquiries and applications to: **Ms. Barbara Burwell, Chair: Department of Health and Human Performance, One College Avenue Box 4501, Messiah College, Grantham, PA 17027, bburwell@messiah.edu.**

Women and Minorities are Strongly Encouraged to Apply. Messiah College is an Equal Opportunity Employer